

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

04805

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Rural-R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
5 Years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Near Braddock Heights
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick Rural-R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Braddock Heights
 (If rural, give LOCATION)
None
 2. (a) If veteran, name war

3. (a) FULL NAME

MARY MALINDA ALTMAN

3. (b) Social Security Number

None

| | | |
|--|------------------------------|--|
| 4. Sex <u>F</u> | 5. Color or race <u>W</u> | 6. (a) Single, married, widowed, or divorced <u>M</u> |
| 6. (b) Name of husband or wife <u>George P. Altman</u> | | |
| 7. Birth date of deceased (mo., day, yr.) <u>December 1, 1869</u> | | |
| 8. AGE: <u>76</u> Years | <u>5</u> Months | <u>9</u> Days |
| If less than one day hrs. min. | | |
| 6. (c) If alive, give age <u>77</u> years | | |

9. Birthplace Nr. Utica-Frederick-Maryland
 (Town, county, and state)
At Home

10. Usual occupation

11. Industry or business

12. Name Andrew J. Wachter
 13. Birthplace Frederick County Maryland
 14. Maiden name Cornelia Ann Coblentz
 15. Birthplace Frederick County Maryland

16. Informant Mr. George P. Altman
 Address R. F. D. #5, Frederick, Md.

17. Burial Date thereof 5/13/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Utica Lutheran Cemetery
 Location Near Lewistown, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. May 1946
 (Date rec'd by registrar) Registrar Elizabeth G. Heck

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th, 1946 at 6:25A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3d to May 10th 1946
 and that I last saw him alive on May 10th 1946

Immediate cause of death

Coronary Thrombosis
 Due to Arteriosclerosis
 Due to Arteriosclerosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Heggs M. D.Address Frederick, Maryland Date signed 5-11-46

RECEIVED

MAY 15 1946

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-2

CERTIFICATE OF DEATH

04806

★ Reg. Dist. No. 134

1. PLACE OF DEATH:

County Fredrick
 City or town Rural, Emmitsburg Md., R.D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick
 City or town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Emmitsburg, R.D. #1 2 1/2 M. West
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

George Washington Andrew

3. (b) Social Security Number

214-16-0198

4. Sex 5. Color or race 6. (a) Single, married, widow, or divorced

m white married6. (b) Name of husband or wife Rosie Harbaugh Andrew6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.)

June 23, 1871

8. AGE: Years Months Days If less than one day

741014hrs.min.9. Birthplace Adams Co., Pa.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs Rosa C. AndrewAddress Emmitsburg Md17. Burial Date thereof May 11, 1946

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory Mt View CemeteryLocation Emmitsburg, Md.18. Funeral director J. L. AllisonAddress Emmitsburg, Md.19. May 9, 1946 M. F. Shuff

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1946, at 10:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 10, 1945 to May 7, 1946and that I last saw him alive on Apr 10, 1946

Immediate cause of death

Coronary thrombosis

DURATION

2 hrsDue to Chronic Internal Sclerosis5 yrsDue to Hemiplegia2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Marion B. Biny M.D. or otherAddress Thurmont Md Date signed 5/8/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 18 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

04807 134
★ Reg. Diat. No. 139

1. PLACE OF DEATH:

County FrederickCity or town Rural Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Rural Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Julia Christena Baker

3. (b) Social Security Number

no4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife James E. Baker7. Birth date of deceased (mo., day, yr.) Feb. 14 - 18688. AGE: Years 78 Months 3 Days 1 If less than one day _____ hrs. _____ min.9. Birthplace Fairfield Adams Co Pa
(Town, county, and state)10. Usual occupation Housewife Retired

11. Industry or business

12. Name Jacob J. Toepfer13. Birthplace Thurmont Md14. Maiden name Julia Price15. Birthplace Fairfield Pa16. Informant Maurice ToepferAddress Emmitsburg Md17. Burial Date thereof May 30 - 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Joseph CmnLocation Emmitsburg Md18. Funeral director M. S. Treagan SonAddress Thurmont Md19. May 19 46 M. S. Treagan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 16 1946 at 10:50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 1940 to May 16 1946and that I last saw her alive on May 15 1946

Immediate cause of death _____ DURATION _____

arteriosclerotic cardiovascular several yearsdisease

Due to _____

Due to _____

Other conditions arricular fibrillation 3 years

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W.R. Cadle MD M. D. or otherAddress Emmitsburg Md Date signed 5-28-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAY 21 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

 ★ 04808
 Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
 City or town... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Since 5/3/46
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 5/3/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County...
 City or town... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 1748 Bank St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Joan Baranowski

3. (b) Social Security Number

212-22-7535

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife...
 7. Birth date of deceased (mo., day, yr.) August 6, 1926
 6.(c) If alive, give age ... years
 8. AGE: Years 19 Months 9 Days 19 If less than one day ... hrs. ... min.

9. Birthplace... Brooklyn, New York
 (Town, county, and state)
 10. Usual occupation... Inspector

11. Industry or business

12. Name Frank Baranowski
 13. Birthplace Baltimore, Maryland
 14. Maiden name Hazel Duryea
 15. Birthplace Brooklyn, New York
 16. Informant Deceased

Address

17. Burial Date thereof 5/29/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium St. Stanislaus
 Location Baltimore, Maryland

18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland

19. 5/26/46 19... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 19 46 at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 19 46 to May 25 19 46 and that I last saw her alive on May 25 19 46

Immediate cause of death Pulmonary Tuberculosis

DURATION 4 Mos.

Due to...
 Due to...
 Other conditions...
 (Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. B. Lynn M. D. A. J. J. J.
 Address State Sanatorium, Md Date signed 5/27/46

RECEIVED
MAY 28 1946
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04809
Reg. Dist. No. 131

| | | | | | | | |
|---|--|-------------------------------------|--|---|--|--|--|
| 1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>7 Weeks</u> Hospital, institution, or street address where death occurred: <u>124 East Fourth Street</u> How long in hospital or institution? | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Jefferson-Rural R. F. D. #1</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Near Jefferson</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>None</u> | | | |
| 3. (a) FULL NAME <u>SAMUEL FREDERICK BARNES</u> | | | | 3. (b) Social Security Number <u>None</u> | | | |
| 4. Sex <u>M</u> | | 5. Color or race <u>W</u> | | 6. (a) Single, married, widowed, or divorced <u>S</u> | | MEDICAL CERTIFICATION | |
| 6. (b) Name of husband or wife | | | | 2D. DATE OF DEATH <u>May 20th</u> , 19 <u>46</u> , at <u>3:30A</u> M | | | |
| 7. Birth date of deceased (mo., day, yr.) <u>August 11, 1874</u> | | | | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>April</u> , 19 <u>46</u> to <u>20 May</u> , 19 <u>46</u> and that I last saw him alive on <u>19 May</u> , 19 <u>46</u> | | | |
| 8. AGE: Years <u>71</u> | | Months <u>9</u> | | Days <u>9</u> | | If less than one day _____ hrs. _____ min. | |
| 9. Birthplace <u>Nr. Jefferson-Frederick-Maryland</u> (Town, county, and state) | | | | Immediate cause of death <u>Renal + cardiac failure</u> <u>arterio-sclerotic cardio-vascular</u> <u>renal disease</u> | | | |
| 10. Usual occupation <u>Farmer</u> | | | | Due to _____ | | | |
| 11. Industry or business | | | | Other conditions _____ | | | |
| 12. Name <u>Samuel T. Barnes</u> | | | | Major findings of operations _____ | | | |
| 13. Birthplace <u>Frederick County Maryland</u> | | | | Date of op. _____ | | | |
| 14. Maiden name <u>Ella V. Kehler</u> | | | | Antopsy results _____ | | | |
| 15. Birthplace <u>Frederick County Maryland</u> | | | | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | | |
| 16. Informant <u>Harry T. Barnes</u> | | | | 22. VIOLENCE: If death was due to external causes, fill in the following: | | | |
| Address <u>R.F.D.#1, Frederick, Maryland</u> | | | | Accident, suicide, or homicide _____ Date of _____ | | | |
| 17. Burial <u>Mount Olivet Cemetery</u> (Burial, cremation, or removal-Which?) _____ Cemetery or _____ <u>Frederick, Maryland</u> Location _____ <u>M. R. Etchison and Son</u> | | | | Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____ | | | |
| 18. Funeral director <u>Frederick, Maryland</u> | | | | Injured at home, farm, industry, public place (where?) _____ | | | |
| Address _____ | | | | Means of injury _____ Injured at work? _____ | | | |
| 19. Date rec'd by registrar <u>20 May</u> , 19 <u>46</u> | | | | 23. SIGNATURE <u>Charles V. Conley Jr. M. D.</u> M.D. or other _____ Address <u>Frederick, Maryland</u> Date signed <u>5-20-46</u> | | | |
| Registrar <u>Elizabeth H. Heck</u> | | | | | | | |

RECEIVED
MAY 22 1946
BUREAU T S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04810
Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Tuscarora
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 Years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Tuscarora
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME
CATHARINE VIRGINIA BARRETT

3. (b) Social Security Number
None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M
6. (b) Name of husband or wife W. H. Barrett
6. (c) If alive, give age 76 years
7. Birth date of deceased (mo., day, yr.) August 4, 1871
8. AGE: Years 74 Months 9 Days 0 If less than one day
.....hrs.min.

9. Birthplace Point of Rocks-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Frank Oden
13. Birthplace Montgomery County Maryland

MOTHER 14. Maiden name Martha Jane Molden
15. Birthplace Montgomery County Maryland

16. Informant Mr. W. H. Barrett
Address Tuscarora, Maryland

17. Burial Date thereof 5/6/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Pauls Cemetery
Location Point of Rocks, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 6 May 1946 Elizabeth L. Hack
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th, 1946 at 7:40A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 1, 1946 to May 4, 1946
and that I last saw him alive on May 3, 1946

Immediate cause of death
Coronary Thrombosis

DURATION

4 days

Due to Arterio Sclerosis
& Senility

Due to

Other conditions Chronic Cholecystitis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE D. P. Price M. D. or otherAddress Jefferson Date signed 5/4/46

01840

STANDARD CHARTER

RECEIVED

MAY 7 1946

BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (87-2)

04811

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County Frederick
City or town Ijamsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Riggs Cottage Sanitarium

How long in hospital or institution?

6 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State La. County OrleansCity or town New Orleans
(If outside city or town limits, write RURAL and give nearest town)Street No. 2212 Napoleon Avenue

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

MADELEINE BAYON

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

8.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 19, 19008. AGE: Years 46 Months 0 Days 13 If less than one day _____ hrs. _____ min.9. Birthplace New Orleans, La.
(Town, county, and state)10. Usual occupation Teacher11. Industry or business Regil12. Name Henry Bayon13. Birthplace New Orleans, La.14. Maiden name Jeanne Maspero15. Birthplace New Orleans, La.16. Informant Dr. Henry BayonAddress New Orleans, La.17. Removal Date thereof 5/3/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location New Orleans, La.18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 3 May 19 46 Lucian K. Falconer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 19 46, at 6:20 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 19 46 to May 2 19 46
and that I last saw her alive on May 2 19 46

Immediate cause of death

Organic Brain Disease
Respiratory Paralysis

DURATION

?

minutes

Due to

Due to

Other conditions

Schizophrenia
Exhaustion
(Include pregnancy within 8 months of death)4 yrs

Major findings of operations

Date of op.

Autopsy reports

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE Joan H. McAdams M. D. or otherAddress Ijamsville Md. Date signed May 3/1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 6 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

04812

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montevue

How long in hospital or institution?

Since November 24, 1945

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

None

3. (a) FULL NAME

MARY C. CARSON

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) February 14, 1867

8. AGE: Years 79 Months 3 Days 13 It less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name George W. Carson13. Birthplace Maryland14. Maiden name Elizabeth Fritz15. Birthplace Maryland16. Informant Montevue RecordsAddress Frederick, Md. - Rural

17. Burial 5/28/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Montevue CemeteryLocation Frederick, Maryland - Rural18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 28 May 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27th, 1946 at 1:30P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 1 1946 to May 27 1946
and that I last saw her alive on May 27 1946

Immediate cause of death

Hypertension - severe Cardiac Vascular disease

DURATION

5 year

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

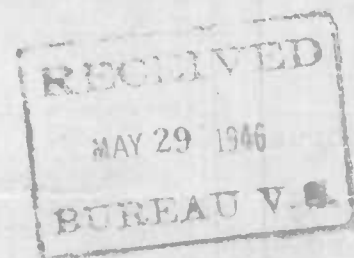
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Bernard H. M. D.

M. D. or other

Address Frederick, Maryland Date signed 5-28-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

★ 04813 131
Reg. Dist. No.

1. PLACE OF DEATH:
County Frederick
City or town Adamstown-Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years
Hospital, institution, or street address where death occurred:
Near Buckeystown
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Adamstown-Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Buckeystown
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME

LONA CUMMINGS CECIL

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W
6. (b) Name of husband or wife Charles C. Cecil
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 27, 1867
8. AGE: Years 78 Months 8 Days 29 If less than one day hrs. min.

9. Birthplace Lewistown-Frederick-Maryland
(Town, county, and state)
At Home

10. Usual occupation
11. Industry or business

FATHER 12. Name Henry A. C. Weller
13. Birthplace Frederick County Maryland
MOTHER 14. Maiden name Rebecca Powell
15. Birthplace Frederick County Maryland

16. Informant Mrs. Edward E. Krise
Address Adamstown, Maryland - Rural

17. Burial 5/28/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
Address

19. 27-May 1946 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 26th, 1946 at 12:40A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 45 to May 26 1946
and that I last saw him alive on May 26 1946

Immediate cause of death Chorea
Cardio - Renal Disease
Diabetes Mellitus

Due to DURATION
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Howard W. Lib M. D.
M. D. or other
Address Frederick, Maryland Date signed 5-27-46

RECEIVED

MAY 29 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

CERTIFICATE OF DEATH

04814

Reg. Diat. No. 138

1. PLACE OF DEATH: Frederick
County Kentown
City or town Kentown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD County Montg.
City or town R.F. Monrovia
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME Ella Louise Clay 3. (b) Social Security Number _____

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced widowed
6.(b) Name of husband or wife Harry Clay
7. Birth date of deceased (mo., day, yr.) April 15, 1866 6.(c) If alive, give age _____ years
8. AGE: Years 80 Months _____ Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick
(Town, county, and state)
10. Usual occupation Housewife

11. Industry or business _____

FATHER 12. Name Lewis Reinhart
13. Birthplace Frederick Co
MOTHER 14. Maiden name Annie Penn
15. Birthplace Frederick Co.

16. Informant Mrs. Rhodie Morley
Address Monrovia Md
17. Burial Date thereof May 15, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Kentown
Location Kentown Frederick Co.

18. Funeral director C. M. Snyder
Address Mt. Airy

19. 5-14 - 1946 Raymond F. King
(Data rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 12 1946 at 1:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10 1945 to May 12 1946
and that I last saw her alive on May 10 1946
Immediate cause of death Bronchopneumonia

Due to arteriosclerotic cardiovascular disease DURATION 10 days
Due to Emphysema 10 years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE James P. Kerr M.D. M. D. or other
Address Baltimore, Md. Date signed 5/13/46

RECEIVED
JUN 6 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

★ 04815/31
Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 Days

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 9 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Oliver Z. Coblentz

3. (b) Social Security Number

no

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Georgetta Coblentz

7. Birth date of deceased (mo., day, yr.)

Sept. 25, 1860

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

8575

hrs.

min.

9. Birthplace Middletown Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER

12. Name

Philip Coblentz

13. Birthplace

Middletown, Md.

MOTHER

14. Maiden name

Mary Ann Kefauver

15. Birthplace

Middletown, Md.

16. Informant

Garland Guyton

Address

Burkittsville, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

5-23-1946
(month) (day) (year)

Cemetery or crematory

Reform Cemetery

Location

Middletown, Md.

18. Funeral director

Blakhill Co.

Address

Middletown, Md.

19. Date rec'd by registrar

22 May 1946

19. 46

Elizabeth G. Hecks

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 20, 19465:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10, 1946May 20, 1946

and that I last saw him alive on

May 19, 1946

Immediate cause of death

Coronary Occlusion

DURATION

4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. E. Harp MD

M. D. or other

Address

Middletown

Date signed

5-21-46

RECEIVED

MAY 25 1946

BUREAU

STATE OF MARYLAND—CERTIFICATE OF DEATH

04816

1. PLACE OF DEATH

County Fredricks Registration Dist. No. 141
 Village or City Brunswick No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. 1 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME No Name Still Born

(a) Residence: No. Hills Boro. Va. St. _____ Ward _____
 (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, and year) | | |
| 7. AGE | Years _____ | Months _____ Days <u>1</u> |
| | | If LESS than 1 day, _____ hrs. _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. <u>None</u> | |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |
| | 11. Total time (years) spent in this occupation _____ | |

12. BIRTHPLACE (city or town) Brunswick, Md.
 (State or country)

FATHER
 13. NAME Ralph Henry Cummings
 14. BIRTHPLACE (city or town) Hills Boro. Va.
 (State or country)

MOTHER
 15. MAIDEN NAME Bladya Bean
 16. BIRTHPLACE (city or town) West Virginia
 (State or country)

17. INFORMANT Nettie B. Cummings
 (Address) Hills Boro. Va.

18. BURIAL, CREMATION, OR REMOVAL
 Place Hills Boro. Va. Date May 9, 1946

19. UNDERTAKER J. E. Cackles
 (Address) Polovar, W. Va.

20. FILED May 9 19 46 Eugenia H. Burke
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 9 1946
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____; death is said to have occurred on the date stated above, at 5:20 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Exhaustion
Pneumonia 6 1/2 yrs.

Date of onset

May 8 46

Other Contributory Causes of Importance:
Heart had been out of April 46.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) William S. Schuyler M.D.
 (Address) Brunswick, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i> | <i>1915</i> |
| <i>Chronic interstitial nephritis</i> | <i>1921</i> |
| <i>Cerebral hemorrhage</i> | <i>July 5, 1927</i> |

Other contributory causes of importance:

| | |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i> | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i> | <i>3 days ago</i> |

Other contributory causes of importance:

| | |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

04817

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 Years
 Hospital, institution, or street address where death occurred:
707 East South Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 707 East South Street
 (If rural, give LOCATION)
None
 2(a) If veteran, name war

3. (a) FULL NAME

ODESSA NAOMI DAVIS

3. (b) Social Security Number

None

| | | |
|--------------------|------------------------------|--|
| 4. Sex F | 5. Color or race W | 6. (a) Single, married, widowed, or divorced M |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife J. Francis Davis
 6. (c) If alive, give age 39 years
 7. Birth date of deceased (mo., day, yr.) September 21, 1909
 8. AGE: Years 37 Months 7 Days 15 If less than one day
 hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th, 19 46, at 4:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 19 46 to May 6 19 46
 and that I last saw her alive on May 5 19 46

Immediate cause of death: Pulmonary Tuberculosis, far advanced
 DURATION 34 years

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Bernard J. H. M. D.
 M. D. or other
 Address Frederick, Maryland Date signed 5-7-46

9. Birthplace Woodstock, Virginia
 (Town, county, and state)
 10. Usual occupation At Home
 11. Industry or business
 12. Name Robert Bowers
 13. Birthplace Woodstock, Virginia
 14. Maiden name Minnie Shaffer
 15. Birthplace Woodstock, Virginia
 16. Informant J. Francis Davis
 Address 707 E. South St., Frederick, Md.
 17. Burial Date thereof 5/9/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland
 19. 8 May 19 46 Elizabeth H. Hech
 (Date rec'd by registrar) Registrar

RECEIVED

MAY 10 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89-2

CERTIFICATE OF DEATH

04818

★ Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, institution, or street address where death occurred:
 Frederick City Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 Maryland Carroll
 State..... County.....
 Ridgeville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.D. Mt. Airy
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME Davis, Mr. Oliver

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Luella Conaway Davis

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1868 6. (c) If alive, give age 71 years

8. AGE: Years 77 Months 8 Days 13 If less than one day hrs. min.

9. Birthplace Carroll Co. Maryland

10. Usual occupation Farmer (retired)

11. Industry or business Nimrod G. Davis

12. Name Maryland

13. Birthplace Amelia Dorsey

14. Maiden name Maryland

15. Birthplace Mrs. Luella C. Davis

16. Informant Mt. Airy, Maryland

17. Burial Date thereof 5-26-46 (month) (day) (year)

Cemetery or crematory Pine Grove

Location Mt. Airy, Carroll Co. Md.

18. Funeral director C. M. Waltz

Address Winfield, Md.

19. 25 May 1946 Elizabeth Heckle Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 1946 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 21 1946 to May 23 1946

and that I last saw him alive on May 23 1946

Immediate cause of death

Cerebral Hemorrhage 5 days

Due to

Due to Arteriosclerosis

Other conditions Diabetes (?)

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A. A. Pearson M. D. or other
 Address Frederick, Md. Date signed 5/23/46

RECEIVED

MAY 29 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-2

CERTIFICATE OF DEATH

Reg. Dist. No. 0481913

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Lebanon R#1 M.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Sandra Lee DeLawder

3. (b) Social Security Number

none

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 5, 1946

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

--6

hrs.

min.

8. Birthplace

Frederick, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Kolmer K Staumbaugh

13. Birthplace

Ad.

MOTHER

14. Maiden name

Phyllis J. DeLawder

15. Birthplace

W. Va.

16. Informant

Mr. Bennie DeLawder

Address

Lebanon R#1 M, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

May 13, 1946
(month) (day) (year)

Cemetery or crematory

Beaver Dam Cemetery

Location

Union Bridge, Md.

18. Funeral director

C. O. Guss & Son

Address

Lebanon, Md.

19.

12 May19 46

(Date rec'd by registrar)

Elizabeth G Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 19 46 at 5:00 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 19 46, to May 11 19 46, and that I last saw him alive on May 11 19 46.

Immediate cause of death

Coronary artery diseaseDue to Coronary artery diseaseDue to myocardial infarctionOther conditions myocardial infarction

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

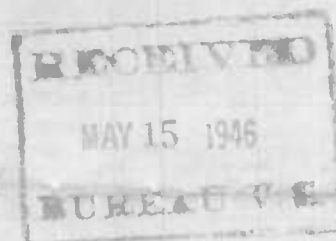
Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

J. H. Musch M. D. or other MD
Address Holmesville Date signed May 12



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BPA

CERTIFICATE OF DEATH

04820
Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick
City or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jennie Devilbiss

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife

George Devilbiss

7. Birth date of

deceased (mo., day, yr.)

Oct. 10, 1848

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

97625

hrs.

min.

9. Birthplace

Johnsville, Fredk Co. Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own Home

FATHER

12. Name

Peter Exler

13. Birthplace

Md.

MOTHER

14. Maiden name

Mary Engle

15. Birthplace

Md.

16. Informant

M. J. Anders
Woodsboro, Md.
Address

17.

(Burial, cremation, or removal. Which)

Date thereof

May 8, 1946
(month) (day) (year)

Cemetery or crematory

Mt. Olivet

Location

Frederick, Md.

18. Funeral director

Bowell & Hartzler

Address

Woodsboro, Md.

19.

(Date rec'd by registrar)

May 8, 1946L. C. Powell

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1946 at 1030 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Jan 1, 46 1946 to May 5 1946and that I last saw him alive on May 5, 46 1946

Immediate cause of death

Hypertensive Cardiac Vascular
renal disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Garold E. Sooter Day
M. D. or other
Address Woodsboro, Md. Date signed May 6, 46

CERTIFICATE OF DEATH

RECEIVED
MAY 16 1946
BUREAU V. S. 16 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04821

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? _____
 Hospital, institution, or street address where death occurred Emergency Hospital
 How long in hospital or institution? 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Frederick
 City or town New Market
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war none

3. (a) FULL NAME

Ida Baseman Elliott

3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife William Biggs Elliott

7. Birth date of deceased (mo., day, yr.) July 29, 1876 6. (c) If alive, give age _____ years

8. AGE: Years 69 Months 10 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore County, Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Noah Lemmon

13. Birthplace Wisconsin

14. Maiden name Margaret Ann Wisnoman

15. Birthplace Wisconsin

16. Informant Virginia Jelic

Address Emergency Hosp. Frederick Md.

17. Buried Date thereof June 21, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Baltimore Cemetery

Location Baltimore Md

18. Funeral director W.B. Falconer

Address New Market Md

19. 30 May 1946 Elizabeth G. Heile
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1946 at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 1946 to May 30 1946 and that I last saw her alive on May 30 1946

Immediate cause of death Carcinoma of stomach

DURATION

1 year

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Hanna Jr. M.D.

M.D. or other

Address Frederick, Md.

Date signed May 30, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 1 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-9

CERTIFICATE OF DEATH

Reg. Dist. No. 04822 131

1. PLACE OF DEATH

County Fredrich
City or town Fredrich
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, institution, or street address where death occurred:
Fredrich City Hospital
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Carroll
City or town Middleburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Helen Marie Eyle

3. (b) Social Security Number

219-20-4061

4. Sex Female 5. Color or race White 8.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) May 22 - 1909

8. AGE: Years 36 Months 11 Days 29 If less than one day _____ hrs. _____ min.

8. Birthplace Fredrich Co. Maryland
(Town, county, and state)

10. Usual occupation _____

11. Industry or business Rubber Company Foot Wear

12. Name George B. Eyle

13. Birthplace Maryland

14. Maiden name Bertie Irene Saylor

15. Birthplace Maryland

16. Informant Mrs. George B. Eyle

Address Middleburg Maryland

17. Burial Date thereof May 24 - 1946
(Burial, cremation, or removal, whichever) (month) (day) (year)

Cemetery or crematory Rocky Hill Cemetery

Location near Middleburg Maryland

18. Funeral director D. D. Hartzel & Son

Address Union Bridge & New Windsor Md

19. 23 May 1946 Elizabeth G. Hecks
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 - 1946 19 _____ at 8.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him dead on May 21 19 46

Immediate cause of death Fracture of skull DURATION 3 days
swollen, hemorrhage

Due to _____

Due to auto accident

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 5-18-46

Where did injury occur? Key war, Carroll (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 82

Means of Injury Auto & Penn R.R. Injured at work? no

23. SIGNATURE Dr. Barry M. D. or other

Address Fredrich, Md Date signed 5-23-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 25 1946
BUREAU V.E.

REC'D

MAY 10 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★ 04824

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 12/5/1945
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 12/5/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Allegany
 City or town Frostburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Wright's Crossing
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME

Marian Filer

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 12, 1882
 6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

631028

.....hrs.min.

9. Birthplace Scotland
 (Town, county, and state)

10. Usual occupation Practical nursing

11. Industry or business

FATHER 12. Name Mathanel Dunn
 13. Birthplace Ireland

MOTHER 14. Maiden name Janet Nelson
 15. Birthplace Scotland

16. Informant Deceased
 Address

17. Burial Allegany Date thereof 5/13/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or place of interment Frostburg, Maryland
 Location

18. Funeral director M. Eichborn
 Address Lonaconing, Maryland

19. (Date rec'd by registrar) May 10 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 19 46 at 6:20 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 5 19 45 to May 10 19 46
 and that I last saw him/her alive on May 10 19 46

Immediate cause of death Pulmonary Tuberculosis

DURATION
2 Yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Lynn

M. D. & A. Dr. State Sanatorium, Md. Date signed 5/11/46

1543

Serial

No. in box

RECEIVED
MAY 13 1946
BUREAU V. E.

1543

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★ 04825

Reg. Dist. No.

134

1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 14

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

4. Sex Female5. Color or race White6.(a) Single, married, widowed, or divorced Widowed8.(b) Name of husband or wife Harvey Zimmerman7. Birth date of deceased (mo., day, yr.) July 31 1854
B.(c) If alive, give age _____ years8. AGE: Years 91 Months 9 Days 14 If less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Jessie Martin13. Birthplace Maryland14. Maiden name Mary (Hanna) Martin15. Birthplace Maryland16. Informant Mrs. George DavisAddress Emmitsburg Rural17. Burial Date thereof May 18 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory United BrethrenLocation Thurmont18. Funeral director W. J. WillhiteAddress Thurmont Md19. May 17 19 46 W. F. Shuff
(Date rec'd by registrar)

3. (b) Social Security Number

No

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 46 at 3:15 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 19 _____ to May 15 19 46and that I last saw her alive on May 17 19 46Immediate cause of death arteriosclerotic cardiacvascular disease DURATION several years

Due to _____

Due to _____

Other conditions cholecystitis & cholelithiasis several

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. R. Cadle Md M. D. or otherAddress Emmitsburg Md Date signed 5-17-46

CERTIFICATE OF DEATH

1. Name of deceased

2. Date of death

3. Place of death

4. Cause of death

5. Nature of disease

6. Duration of illness

7. Name of physician

8. Name of funeral director

9. Name of informant

10. Name of registrar

11. Name of hospital

12. Name of cemetery

13. Name of place of burial

14. Name of place of interment

15. Name of place of cremation

16. Name of place of entombment

17. Name of place of inhumation

18. Name of place of deposition

19. Name of place of disposal

20. Name of place of burial

21. Name of place of interment

22. Name of place of cremation

23. Name of place of entombment

24. Name of place of inhumation

25. Name of place of deposition

26. Name of place of disposal

27. Name of place of burial

28. Name of place of interment

29. Name of place of cremation

30. Name of place of entombment

31. Name of place of inhumation

32. Name of place of deposition

33. Name of place of disposal

34. Name of place of burial

35. Name of place of interment

36. Name of place of cremation

37. Name of place of entombment

38. Name of place of inhumation

39. Name of place of deposition

40. Name of place of disposal

41. Name of place of burial

42. Name of place of interment

43. Name of place of cremation

44. Name of place of entombment

45. Name of place of inhumation

46. Name of place of deposition

47. Name of place of disposal

48. Name of place of burial

49. Name of place of interment

50. Name of place of cremation

51. Name of place of entombment

52. Name of place of inhumation

53. Name of place of deposition

54. Name of place of disposal

55. Name of place of burial

56. Name of place of interment

57. Name of place of cremation

58. Name of place of entombment

59. Name of place of inhumation

60. Name of place of deposition

61. Name of place of disposal

62. Name of place of burial

63. Name of place of interment

64. Name of place of cremation

65. Name of place of entombment

66. Name of place of inhumation

67. Name of place of deposition

68. Name of place of disposal

69. Name of place of burial

70. Name of place of interment

71. Name of place of cremation

72. Name of place of entombment

73. Name of place of inhumation

74. Name of place of deposition

75. Name of place of disposal

76. Name of place of burial

77. Name of place of interment

78. Name of place of cremation

79. Name of place of entombment

80. Name of place of inhumation

81. Name of place of deposition

82. Name of place of disposal

83. Name of place of burial

84. Name of place of interment

85. Name of place of cremation

86. Name of place of entombment

87. Name of place of inhumation

88. Name of place of deposition

RECEIVED
MAY 21 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4721

04826

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

WILLIAM FOLAND

3. (b) Social Security Number

None

| | | |
|--------------------|------------------------------|--|
| 4. Sex <u>M</u> | 5. Color or race <u>W</u> | 6. (a) Single, married, widowed, or divorced <u>W</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife Delia M. Blair7. Birth date of deceased (mo., day, yr.) March 14, 1868
6. (c) If alive, give age years

| | | | |
|----------------------------|--------------------|-------------------|--|
| 8. AGE: Years <u>78</u> | Months <u>2</u> | Days <u>11</u> | If less than one dayhrs.min. |
|----------------------------|--------------------|-------------------|--|

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name John M. Foland13. Birthplace Germany14. Maiden name Clementine Dimmick15. Birthplace Frederick County Maryland16. Informant Joseph M. FolandAddress Frederick, Maryland17. Burial Date thereof 5/28/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet cemeteryFrederick, MarylandLocation M. R. Etchison and Son18. Funeral director Frederick, Maryland19. 27-May 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25th, 1946 at 6 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 am 19 46 to May 25 19 46
and that I last saw h. t. m. alive on May 25 19 46

Immediate cause of death

Carcinoma larynx

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas M. D.
M. D. or otherAddress Frederick, Maryland Date signed 5-27-46

RECEIVED

MAY 29 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04827 131
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
816 North Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 816 North Market Street
(If rural, give LOCATION)

2.(a) if veteran, name war None

3. (a) FULL NAME

CARRIE ELLEN JOHNSON FOX

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced —
Married

6. (b) Name of husband or wife Charles L. H. Fox6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) January 11, 1877

8. AGE: Years 69 Months 3 Days 23 If less than one day
..... hrs. min.

9. Birthplace Harmony Grove, Frederick Co. Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name George Johnson13. Birthplace Frederick, Maryland14. Maiden name Mary Green15. Birthplace Frederick County, Maryland16. Informant Mr. Charles FoxAddress 816 N. Market St., Frederick, Md.17. Burial Date thereof May 7, 1946
(Burial, cremation, or removal; When?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 6 May 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1946, at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 1 1946, to May 4 1946
and that I last saw him alive on May 3 1946

Immediate cause of death Coronary Occlusion DURATION 5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. K. Kline Jr. M.D.

Frederick, Md. M. D. or other
Address Date signed May 6 '46

STANDARD FORM NO. 64

FORM NO. 64

STANDARD FORM NO. 64

OFFICE OF THE SECRETARY OF THE ARMY

RECEIVED

MAY 8 1946

BUREAU V 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

Reg. Dist. No. 0482831

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 43 years

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 1023 N. Market St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Elmer E. Fritz

3. (b) Social Security Number

220-05-6710

4. Sex

male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife Margaret Railing7. Birth date of deceased (mo., day, yr.) April 26, 18686. (c) If alive, give age 2 years8. AGE: Years 78 Months 0 Days 26 If less than one day
.....hrs.min.9. Birthplace Libertytown, Frederick, Md
(Town, county, and state)10. Usual occupation Blacksmith11. Industry or business Foundry12. Name Milton Fritz13. Birthplace unknown14. Maiden name Julia Zapp15. Birthplace unknown16. Informant Mr. Geo. LewisAddress Frederick, Md17. Burial Date thereof 5/18/46
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Frederick, Md18. Funeral director Harry E. Gentry CoAddress Frederick, Md19. 16 May 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 19 46 at 8:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 11 19 46 to May 16 19 46and that I last saw him alive on May 16 19 46Immediate cause of death Coronary Thrombosis

DURATION

5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. Thomas M. D. or otherAddress Frederick Md Date signed 5/16/46

7580

THE DEPARTMENT OF DEATH

RECEIVED

MAY 18 1988

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04829

131

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
 27 East South Street
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 27 East South Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME

Ida M. Gosnell

3. (b) Social Security Number

None

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widowed
 6. (b) Name of husband or wife..... Allen C. Gosnell
 7. Birth date of deceased (mo., day, yr.)..... Feb. 28-1874 6. (c) If alive, give age..... years
 8. AGE: Years..... 72 Months..... 2 Days..... 23 If less than one day..... hrs. min.

9. Birthplace..... Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation..... Housekeeper
 11. Industry or business.....

12. Name..... George W. Bentz
 13. Birthplace..... Frederick County Maryland
 14. Maiden name..... Sarah Catherine Bell
 15. Birthplace..... Frederick County Maryland

16. Informant..... Mrs. John Brust
 Address..... 27 E. South St.-Frederick, Md.

17. Burial..... Date thereof..... 5-23-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Mount Olivet Cemetery
 Location..... Frederick, Maryland

18. Funeral director..... C.E. Cline and Son
 Address..... Frederick, Maryland

19. 23-May-1946..... Elizabeth G. Heck..... Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 21-1946 at 12:45 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1946 to May 21 1946
 and that I last saw him alive on May 20 1946
 Immediate cause of death..... Dementia of Alzheimer's type
 DURATION..... 8 Mo

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... H. J. Stencher..... M. D. or other
 Address..... The Starick Rd. 5/22/46
 Date signed.....

CS440

RECEIVED
MAY 25 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137a)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

04830

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 1 Year and 8 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 1013 North Market Street

(If rural, give LOCATION)

2.(a) if veteran, name war None

3. (a) FULL NAME

JESSIE MAY HALLAR

3. (b) Social Security Number

None

| | | |
|--------------------|------------------------------|--|
| 4. Sex <u>F</u> | 5. Color or race <u>W</u> | 6. (a) Single, married, widowed, or divorced <u>S</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 7, 1859

| | | | |
|----------------------------|--------------------|------------------|---|
| 8. AGE: Years <u>86</u> | Months <u>7</u> | Days <u>9</u> | If less than one day _____ hrs. _____ min. |
|----------------------------|--------------------|------------------|---|

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

| | |
|--------|---|
| FATHER | 12. Name <u>William Hallar</u> |
| | 13. Birthplace <u>Frederick County Maryland</u> |

| | |
|--------|---|
| MOTHER | 14. Maiden name <u>Sarah Preston</u> |
| | 15. Birthplace <u>Frederick County Maryland</u> |

16. Informant Mrs. John Best
Address Frederick, Maryland17. Burial 5/18/46
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland
M. R. Etchison and Son18. Funeral director Frederick, Maryland
Address19. 17-May-46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th, 1946 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

I am 1946 to May 16 1946
and that I last saw her alive on May 16 1946

Immediate cause of death

Chronic Nephritis (Bilateral-sclerotic) 10 yearsDue to Arterio-sclerosis

Due to

Other conditions Hypertension 20 years
Hemiplegia 5 years
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Bernard Hanas M. D.
M. D. or other _____
Address Frederick, Maryland Date signed 5-17-46

RECEIVED
MAY 18 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *97a*

CERTIFICATE OF DEATH

04831

Reg. Dist. No. *154*

1. PLACE OF DEATH:

County Frederick
City or town Emmitsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) Not Any
Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Emmitsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR *no*

3. (a) FULL NAME

George Washington Herring

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Bertie Bollinger
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 29 1870

8. AGE: Years 75 Months 8 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Adams County Pa.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Abraham Herring

13. Birthplace Adams County Pa.

14. Maiden name Margaret Martin

15. Birthplace Adams County Pa.

16. Informant James Herring

Address Littlestown Pa.

17. Burial Date thereof 5/17/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountain Cemetery

Location Emmitsburg Md.

18. Funeral director William Bender

Address Gettysburg Pa.

19. May 15 1946 M. F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 40 to May 14 46 and that I last saw him alive on May 14 1946

Immediate cause of death coronary occlusion DURATION 1 hour

Due to arteriosclerosis - several years

Due to Hypertension - several years

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Df operations

Df autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

Signature W. R. Castle MD M. D. or other

Address Emmitsburg Md. Date signed 5-15-46

MARGIN RESERVED FOR BINDING

I

VS A151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

RECEIVED

MAY 18 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

CERTIFICATE OF DEATH

Reg. Dist. No. 04832 31

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 mo
Hospital, institution, or street address where death occurred: Emergency Hospital
How long in hospital or institution? 5 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Keownville
(If outside city or town limits, write RURAL and give nearest town)
Street No. P.O. #1
(If rural, give LOCATION) ✓
2.(a) If veteran, name war ✓

3. (a) FULL NAME

Jessie May Hoffmaster

3. (b) Social Security Number

✓

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife William Thomas Hoffmaster
7. Birth date of deceased (mo., day, yr.) June 28, 1879
6. (c) If alive, give age 66 years

8. AGE: Years 66 Months 11 Days 4 If less than one day hrs. min.

9. Birthplace Jefferson County, West Virginia
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

12. Name Samuel Badger

13. Birthplace West Virginia

14. Maiden name Marie Magdal

15. Birthplace Shepherdstown, West Virginia

16. Informant Harvey A. Hoffmaster

Address Brownsville Md

17. Burial (Burial, cremation, or removal, Which?) Buried Date thereof May 4, 1946
(month) (day) (year)

Cemetery or crematory Brotherhood Cemetery

Location Brownsville Md

18. Funeral director C. H. Zup & Bro

Address Brownsville Md.

19. 3 May 19 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2. DATE OF DEATH May 2, 1946 at 6:30 P.M.
CERTIFY that death occurred on the date above stated; that I attended deceased from January 1, 1946 to May 2, 1946
and that I last saw him alive on May 2, 1946

Immediate cause of death Pulmonary Embolism

Due to Disturbances

Due to Disturbances

Other conditions Disturbances

(Include pregnancy within 8 months of death)

Major findings of operations 20 years

Date of op. 20 years

Autopsy results Disturbances

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Disturbances Date of May 2, 1946

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Disturbances

Means of Injury Disturbances Injured at work? Disturbances

23. SIGNATURE Bernard Monahan, M.D.

M. D. or other Disturbances

Address Frederick, Md. Date signed May 2, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH

RECEIVED

RECEIVED
MAY 5 1946
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

04833

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 yrs.

Hospital, institution, or street address where death occurred:

9 Third Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 9 Third Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Nellie Elizabeth Himes Huffman

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorcedMarried6.(b) Name of husband or wife Charles F Huffman

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 18988. AGE: Years 47 Months 5 Days 11 If less than one day hrs. min.9. Birthplace Brownsville, Wash. Co., Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John Quincy Himes13. Birthplace Brownsville, Wash. Co., Md.14. Maiden name Mary C. Holder15. Birthplace Brownsville, Wash. Co., Md.16. Informant Mrs. William EagleAddress #125 Galveston Pl. S.W., Wash. D.C.17. Burial Date thereof May 8 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory KnoxvilleLocation Knoxville, Md.16. Funeral director Jesse S. BaileyAddress 370 W. Potomac St. Brunswick, Md.19. 5-7 19 46 Eugenia H. Burke

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 19 46 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 19 44 to May 6 19 46and that I last saw him alive on May 5 19 46

Immediate cause of death

Malnutrition -ThymiaDue to Myocardial degenerationsationDue to Hypertensive Cardiovascular renal diseaseOther conditions Indistinct not due to cancerObstruction: due to iliocecal intussusception

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. P. BruceAddress Jefferson M. D. or otherDate signed 5/11/46

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

36
2

RECEIVED
MAY 10 1946
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

04834

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

48 Lincoln Apartments

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 48 Lincoln Apartments

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

ANNIE ELIZABETH JACKSON

3. (b) Social Security Number

None

| | | |
|--------------------|------------------------------|--|
| 4. Sex <u>F</u> | 5. Color or race <u>C</u> | 6. (a) Single, married, widowed, or divorced <u>M</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife George N. JacksonB. (c) If alive, give age 50 years7. Birth date of deceased (mo., day, yr.) February 22, 1897

| | | | |
|----------------------------|--------------------|------------------|--|
| 8. AGE: Years <u>49</u> | Months <u>2</u> | Days <u>9</u> | If less than one day hrs. min. |
|----------------------------|--------------------|------------------|--|

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

| | |
|--------|---|
| FATHER | 12. Name <u>William Craig</u> |
| | 13. Birthplace <u>Frederick County Maryland</u> |

| | |
|--------|---|
| MOTHER | 14. Maiden name <u>Ellen Slifer</u> |
| | 15. Birthplace <u>Frederick County Maryland</u> |

16. Informant George N. Jackson
Address 48 Lincoln Apts., Frederick, Md.17. Burial 5/4/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview Cemetery
Frederick, Maryland

Location

19. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 1 - May 46 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 1st, 1946 at 5:10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/30 46 5/1 46
and that I last saw him alive on 5/1 46

Immediate cause of death

Coronary Occlusion

DURATION

1 day

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. G. Bourne Jr M. D.

M. D. or other

Address Frederick, Maryland Date signed 5-2-46

RECEIVED

MAY 3 1946

BUREAU V. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 44-2

CERTIFICATE OF DEATH

Reg. Diat. No. 048350

1. PLACE OF DEATH:

County FREDERICK
 City or town NEW MIDWAY
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County FREDERICK
 City or town NEW MIDWAY
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war NONE

3. (a) FULL NAME

MARY VIRGINIA JACOBS

3. (b) Social Security Number

NONE

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

FREDERICK C. JACOBS

7. Birth date of deceased (mo., day, yr.)

JULY 18, 1875

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

70914

_____ hrs.

_____ min.

9. Birthplace

BERTONSVILLE - FREDERICK - MD
(Town, county, and state)

10. Usual occupation

AT HOME

11. Industry or business

FATHER

12. Name

ORMOND PHELPS

13. Birthplace

FREDERICK CO. MD

MOTHER

14. Maiden name

LOUISE (Last name unknown)

15. Birthplace

FREDERICK CO. MD.

16. Informant

G. F. STALEY JACOBS

Address

NEW MIDWAY, MD

17.

BURIAL

Date thereof

5-15-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

ST. LUKE'S LUTHERAN CEM.

Location

FEAGARVILLE, MD.

18. Funeral director

M. R. E. CHISON + SON

Address

FREDERICK, MD

19.

May 14, 1946
(Date rec'd by registrar)1946L. B. POWELL
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 12th, 1946, at 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1946 to May 12, 1946
 and that I last saw her alive on May 11, 1946

Immediate cause of death

Carcinoma of small intestine

DURATION

2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

J. H. MESSER
M. D. or other

Address

Johnsville Date signed May 14, 1946

RECEIVED

MAY 16 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04836
139

1. PLACE OF DEATH: Frederick
County State Sanatorium, Maryland
City or town Since 5/3/46
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 5/3/46

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1912 E. Pratt St.
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME
Ludwik Juchno

3. (b) Social Security Number
213-10-1962

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
8. (b) Name of husband wife Bertha Juchno
Poland 6. (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) August 24, 1890
8. AGE: Years 55 Months 8 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Poland
(Town, county, and state)
10. Usual occupation Tailor
11. Industry or business _____
12. Name Micheal Juchno
13. Birthplace Poland
14. Maiden name Marie Kwarta
15. Birthplace Poland

18. Informant Julius J. Juchno (Son)
Address 1912 E. Pratt St., Balto., Md.

17. Burial Date thereof 5/21/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Holy Rosary
Baltimore, Maryland
Location

18. Funeral director Wm. S. Fialkowski
Address 2007 Eastern Ave., Balto., Md.

19. May 17 1946
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1946 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1946 to May 17 1946 and that I last saw him alive on May 17 1946

Immediate cause of death Pulmonary Tuberculosis DURATION 7 Mos.

Gangrene of Right Foot
Due to Diabetes Mellitus 7 Mos.

Other conditions Diabetes Mellitus Unknown

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE J. B. Linn M. D. 6/6/46
Address State Sanatorium, Md. Date signed 5/18/46

RECEIVED

MAY 21 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-2

CERTIFICATE OF DEATH

Reg. Dist. No. 131

04837

1. PLACE OF DEATH:

County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Robert Nelson Kerchner

3. (b) Social Security Number

215-10-2528

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Kathryn Kefauver6. (c) If alive, give age 31 years

7. Birth date of

deceased (mo., day, yr.)

Oct. 30, 1914

8. AGE:

31

Years

Months

6

Days

14

If less than one day

hrs.min.

9. Birthplace

Baltimore Co.

(Town, county, and state)

10. Usual occupation

Bus driver

11. Industry or business

FATHER

12. Name

Charles Kerchner

13. Birthplace

York Co. Pa

MOTHER

14. Maiden name

Edna Strine

15. Birthplace

Frederick Co

16. Informant

Mrs. Chas. Kerchner

Address

Walkersville, Md17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

May 17, 1946
(month) (day) (year)

Cemetery or crematory

Mt Hope

Location

Woodboro

18. Funeral director

J. C. Barton

Address

Walkersville19. 16 May

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

108 E. 2nd St.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 141946, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 11946, toMay 141946

and that I last saw him alive on

May 141946

Immediate cause of death

Carcinoma parathyroid gland
in metastasis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. P. Foster Day

M. D. or other

Address

Walkersville, MdDate signed May 14, 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10-13-46

RECEIVED

RECEIVED

RECEIVED

MAY 16 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 522 X

04838

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH: *Frederick*
County *Myersville*
City or town *Myersville*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *50 yrs*
Hospital, institution, or street address where death occurred

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *Maryland* County *Frederick*
City or town *Myersville*
(If outside city or town limits, write RURAL and give nearest town)
Street No. *Myersville*
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

John Wesley Kinnaman

3. (b) Social Security Number

218-09-5703

4. Sex *Male* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Widowed*
6.(b) Name of husband or wife *S. Ellen Poole*
6.(c) If alive, give age *44* years
7. Birth date of deceased (mo., day, yr.) *August 6, 1867*
8. AGE: Years *78* Months *9* Days *22* If less than one day *hrs. min.*

9. Birthplace *Pendleton, Indiana*
(Town, county, and state)
10. Usual occupation *Retired*
11. Industry or business *Harness maker*
12. Name *John W. Kinnaman*
13. Birthplace *Md*
14. Maiden name *Sophia Michael*
15. Birthplace *Ind*

16. Informant *Miss Laura M. Kinnaman*
Address *Myersville Md*

17. Burial Date thereof *May 31, 1946*
(Burial, cremation, or removal Which?) (month) (day) (year)
Cemetery or crematory *St. Paul's Lutheran*
Location *Myersville Md*

18. Funeral director *Paul J. Little*
Address *Myersville, Md*

19. *May 31, 1946* Registrar *Edgar Little*
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH *May 28* 19 *46*, at *11:30 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Nov* 19 *44*, to *May 28* 19 *46*, and that I last saw him alive on *May 26* 19 *46*.

Immediate cause of death *Carcinoma of urinary bladder* 1 1/2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE *J E Harp* M.D. or other *Md*
Address *Myersville* Date signed *5-29-46*

MARGIN RESERVED FOR BINDING

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 2 1945

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-7

CERTIFICATE OF DEATH

04839 / 3 /
Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Peter Bernard Larkin7. Birth date of deceased (mo., day, yr.) June 17, 18718. AGE: Years 74 Months 11 Days 13 If less than one day9. Birthplace Loudoun County, Virginia10. Usual occupation Housewife

11. Industry or business

12. Name John Allen13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant J. Vignier PoliceAddress Emergency Hosp. Fred. Md.17. (Burial, cremation, or removal, which) Burial Date thereof June 1, 1946
(month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Jefferson, Md.18. Funeral director Harris & Cart, Co.Address Frederick, Md.19. 1 - June 19 46 Registrar Elizabeth G. Heck

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 622 Rail Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 19 46 at 7:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 22, 1946 to May 30, 1946and that I last saw him alive on May 30, 1946Immediate cause of death Carcinoma, stomach

DURATION

6 months

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bernard Thomas L. M.D.

M. D. or other

Address Frederick, Md. Date signed May 31, 1946

RECEIVED TO THE SECRETARY OF THE ARMY

RECEIVED TO THE SECRETARY OF THE ARMY

RECEIVED

JUN 4 1946

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

CERTIFICATE OF DEATH

04840 131
Reg. Dist. No.

1. PLACE OF DEATH: Frederick
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 127 E. 4th St.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME

Baby Boy Marchan

3. (b) Social Security Number

none

4. Sex m 5. Color or race W 6. (a) Single, married, widowed or divorced Single

6. (b) Name of husband or wife none 6. (c) If alive, give age none years

7. Birth date of deceased (mo., day, yr.) May 17-1946

8. AGE: Years 0 Months 0 Days 0 It less than one day 1 hrs. 20 min.

9. Birthplace Frederick County - Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business none

12. Name Stanley R. Marchan

13. Birthplace Lantz - Md.

14. Maiden name Evelyn P. Phelps

15. Birthplace Frederick Co. Md.

16. Informant Stanley R. Marchan

Address 127 E. 4th St. - Frederick, Md.

17. Burial yes Date thereof 5-18-46
(Burial, cremation, or removal, when?) (month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery

Location Frederick - Md.

18. Funeral director C. E. Cline and Son

Address Frederick - Md.

19. 18-May 1946 Registrar Elizabeth J. Heck

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1946, at 6:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17 1946, to May 17 1946

and that I last saw him alive on May 17 1946

Immediate cause of death Respiratory distress secondary to

congenital heart disease

Due to congenital heart disease

Due to congenital heart disease

Other conditions none

(Include pregnancy within 8 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of none

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) none

Means of injury none Injured at work? none

23. SIGNATURE R. Thomas M. D. or other

Address Frederick, Md. Date signed 5/18/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 22 1946

BUREAU V S.

Mr. B. C. Thomas, Jr.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★04841

Reg. Dist. No. 144

1. PLACE OF DEATH:

County... **Frederick**
 City or town... **Rocky Ridge-rural**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... **50 years.**
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland** County... **Frederick**
 City or town... **Rocky Ridge-rural**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war... **no**

3. (a) FULL NAME

Jacob Clarence Martin

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Mabel G. Martin

7. Birth date of

deceased (mo., day, yr.)

November 14, 1885

6.(c) If alive, give age

59 years

8. AGE:

Years

60

Months

6

Days

9

If less than one day

.....hrs.min.

9. Birthplace

Graceham, Frederick Co., Md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

Joshua J. Martin

13. Birthplace

Frederick County, Md.

14. Maiden name

Sarah C. Stevens

15. Birthplace

Frederick County, Md.

16. Informant

Mrs. Mabel Martin

Address

Rocky Ridge, R.F.D. Md.

17.

(Burial, cremation, or removal. Which?)

BurialDate thereof... **May 26, 1946**

(month) (day) (year)

Cemetery or crematory

United Brethern

Location

Thurmont, Md.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Md.

19.

(Date rec'd by Registrar)

May 24 1946**Blanche S. Eyle**
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 23 -19**46** at **6:10 p.** M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 1519**46** to **May 23**19**46**and that I last saw him alive on **April - May 23**19**46**

Immediate cause of death

Carcinoma of the bowel

DURATION

59 mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James H. Gray M.D.

M. D. or other

Address

Thurmont Md

Date signed

May 28 1946

1946

RECEIVED
MAY 25 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1703

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Fredrick City Hospital
 County Fredrick
 City or town Fredrick City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 days
 Hospital, institution, or street address where death occurred:
Fredrick City Hospital
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Montgomery
 City or town Clarksburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME Charles Miles 3. (b) Social Security Number _____

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 8. (b) Name of husband or wife Rebecca Miles
 7. Birth date of deceased (mo., day, yr.) May 1 - 1869 6. (c) If alive, give age _____ years

8. AGE: Years 77 Months 0 Days 9 It less than one day _____ hrs. _____ min.

9. Birthplace Clarksburg Md
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm + Home

12. Name Albert Miles

13. Birthplace Montgomery Co. Md.

14. Maiden name Mary ?

15. Birthplace Montgomery Co Md.

16. Informant Russell Mullinix

Address Clarksburg Md

17. Buried Date thereof May 11 - 1946
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory Clarksburg Md

Location Montgomery Co Md

18. Funeral director Ray W. Barber

Address Pattonville Md

19. 10 May 19 46 Elizabeth G. Heck
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 19 46 at 11:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him alive on May 9 19 46

Immediate cause of death Crushing injury to chest
multiple fractures of
auto. accident
 Due to _____
 Due to _____

DURATION

4 days

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 5.5.46

Where did injury occur? Clarksburg, Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of Injury auto Injured at work? No

Deputy Insp. Ex.

23. SIGNATURE B. W. Bar M. D. or other

Address Fredrick, Md Date signed 5.9.46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 13 1946

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

04843

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Wilson Avenue
(If rural, give LOCATION)None

2.(a) If veteran, name war

3. (a) FULL NAME

JOAN CLERENE MILYARD

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 9, 1946

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

002

hrs.

min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

FATHER

12. Name

John Milyard

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Helen Eyler

15. Birthplace

New Windsor, Maryland

16. Informant

John Milyard

Address

Wilson Ave., Frederick, Maryland

17.

Burial

Date thereof

5/13/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

13 May
(Date rec'd by registrar)19. 46Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th, 1946 12:55P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 9, 1946 to May 11, 1946
and that I last saw her alive on May 11, 1946

Immediate cause of death

Exhaustion

DURATION

Due to

Premature Birth

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard W. Heck M. D.
M. D. or otherAddress Frederick, MarylandDate signed 5-13-46

52820

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

RECEIVED
MAY 15 1946
BUREAU V. B.

Reg. Dist. No. 15

Address..... DATE.....

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 25 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

107 East Third Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 107 East Third Street

(If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

EMMA CATHERINE PORTS

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W8. (b) Name of husband or wife Sylvanus M. Ports

7. Birth date of deceased (mo., day, yr.) June 28, 1865
 6. (c) If alive, give age years

8. AGE: Years 80 Months 11 Days 3
 If less than one day hrs. min.

9. Birthplace Kingsdale, Penna.
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Levy Fischer13. Birthplace Unknown14. Maiden name Elizabeth Bashore15. Birthplace Unknown16. Informant Mrs. L. H. SeachristAddress Lansdowne, Penna.

17. Burial Date thereof 6/4/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Glade CemeteryLocation Walkersville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 1 June 1946 Elizabeth H. Hach
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1946 at 9:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 26 1946 to May 31 1946and that I last saw him alive on May 31 1946Immediate cause of death Coronary thrombosis

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Woltersville, Md Date signed May 31, 1946

RECEIVED

JUN 4 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

04846

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick
 City or town: Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State: md County: Frederick
 City or town: Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war: _____

3. (a) FULL NAME

Roscoe Hezekiah Ports

3. (b) Social Security Number

215-10-2568

4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced married
 B. (b) Name of husband or wife: Ruth E. Reddick
 6. (c) If alive, give age 53 years
 7. Birth date of deceased (mo., day, yr.) Dec. 3, 1891
 8. AGE: Years 54 Months 5 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace: Woodsboro, md.
(Town, county, and state)10. Usual occupation: Baker

11. Industry or business

12. Name: Sylvanus M. Ports13. Birthplace: Pa.14. Maiden name: Emma C. Fisher15. Birthplace: Pa.16. Informant: Mrs. Ruth PortsAddress: Walkersville17. Burial Date thereof: May 14, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory: Mt. HopeLocation: Woodsboro, md.18. Funeral director: G. C. BartonAddress: Walkersville, md19. 13 May 19 46 Elizabeth G. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11 19 46 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 46 19, to May 11 19 46
 and that I last saw him alive on May 11, 46 19.

Immediate cause of death

Hypertensive Cardio Vascular
Renal disease

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE G. F. Porter Day

M. D. or other

Address: Walkersville, MdDate signed: May 14, 46

CERTIFICATE OF DEATH

INVESTIGATION OF DEATH

DEATH RECORD

RECEIVED

MAY 15 1946

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 04847 137

| | | | | | | | |
|---|--|---|--|--|--|------------------------------|--|
| 1. PLACE OF DEATH: County <u>Fredrick</u> City or town <u>Johnsville</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Lifetime</u> Hospital, institution, or street address where death occurred: How long in hospital or institution? | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Fredrick</u> City or town <u>Union Bridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Johnsville</u> (If rural, give LOCATION) 2(a) If veteran, name war | | | |
| 3. (a) FULL NAME <u>Samuel Fullmore Repp</u> | | | | 3. (b) Social Security Number <u>None</u> | | | |
| 4. Sex <u>Male</u> | | 5. Color or race <u>White</u> | | 6. (a) Single, married, widowed, or divorced <u>Married</u> | | MEDICAL CERTIFICATION | |
| 8. (b) Name of husband or wife <u>Sarah Repp</u> | | | | 20. DATE OF DEATH <u>May 9</u> 19 <u>46</u> , at <u>6:40 P.M.</u> | | | |
| 7. Birth date of deceased (mo., day, yr.) <u>March 12 - 1856</u> | | | | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>May 9</u> 19 <u>46</u> to <u>May 9</u> 19 <u>46</u> and that I last saw him on <u>May 9</u> 19 <u>46</u> | | | |
| 8. AGE: Years <u>90</u> Months <u>1</u> Days <u>27</u> | | 6. (c) If alive, give age years | | Immediate cause of death <u>Coronary Atherosclerosis</u> | | DURATION | |
| 9. Birthplace <u>Fredrick Co. Maryland</u> (Town, county, and state) | | | | Due to | | | |
| 10. Usual occupation <u>Farmer - Manager</u> | | | | Due to | | | |
| 11. Industry or business <u>Retired</u> | | | | Other conditions <u>Summit Smelting</u> | | | |
| 12. Name <u>Wesley Repp</u> | | | | (Include pregnancy within 3 months of death) | | | |
| 13. Birthplace <u>Maryland</u> | | | | Major findings of operations | | | |
| 14. Maiden name <u>Elizabeth Saylor</u> | | | | Date of op. | | | |
| 15. Birthplace <u>Maryland</u> | | | | Autopsy results | | | |
| 16. Informant <u>Miss Marian H. Repp</u> | | | | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | | |
| Address <u>Union Bridge, Maryland</u> | | | | 22. VIOLENCE: If death was due to external causes, fill in the following: | | | |
| 17. Burial (Burial, cremation, or removal, Which?) <u>Burial</u> Date thereof <u>May 12 - 1946</u> | | | | Accident, suicide, or homicide Date of | | | |
| Cemetery or crematory <u>Repp-Dam Cemetery</u> | | | | Where did injury occur? (City or town) (County) (State) | | | |
| Location <u>Near Union Bridge Maryland</u> | | | | Injured at home, farm, industry, public place (where?) | | | |
| 18. Funeral director <u>D. D. North & Sons</u> | | | | Means of injury Injured at work? | | | |
| Address <u>Union Bridge New Windsor Md</u> | | | | 23. SIGNATURE <u>Wesley Repp</u> M. D. or other | | | |
| 19. May 13 19 <u>46</u> <u>Geo D. Crawford</u> Registrar | | | | Address <u>Johnsville</u> Date signed <u>May 10</u> | | | |

RECEIVED

MAY 15 1946

BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04848

Reg. Dist. No.

131

1. PLACE OF DEATH:

County Frederick
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred Emergency Hospital
How long in hospital or institution? 1 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newly born infants give residence of mother)
State Maryland County Frederick
City or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Henry Roof

3. (b) Social Security Number

no

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife Mary Catherine Smith

7. Birth date of deceased (mo., day, yr.) May 10, 1857 8. (c) If alive, give age _____ years

8. AGE: Years 89 Months 0 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Pennsylvania
(Give County and state)

10. Usual occupation laborer

11. Industry or business Israel Roof

12. Name Frederick

13. Birthplace Pennsylvania

14. Maiden name Never Louis Bellman

15. Birthplace Pennsylvania

16. Informant Mrs W. Green

Address Thurmont Md

17. Burial Thurmont Md Date thereof May 30-46
(Burial, cremation, or reinterment. Which?) (month) (day) (year)

Cemetery or place of interment Thurmont Md

Location Thurmont Md

18. Funeral director M. L. Treager Son

Address Thurmont Md

19. 29-May 1946 Elizabeth J. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1946 at 10 P. M.

21. I CERTIFY that death occurred on the date above signed; that I attended deceased from April 29, 1946 to May 27, 1946
and that I last saw him alive on May 27, 1946

Immediate cause of death Chronic Nephritis DURATION 10 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Hanna M. D. or other _____

Address Frederick, Md. Date signed May 28, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

REC-125
MAY 30 1945
BUREAU V.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

04849

CERTIFICATE OF DEATH

Reg. Dist. No. 139

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>State Sanatorium, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Since 1/3/46</u> Hospital, institution, or street address where death occurred: <u>State Sanatorium, Maryland</u> How long in hospital or institution? <u>Since 1/3/46</u> | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County _____ City or town <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>125 Cheapside</u> (If rural, give LOCATION) 2.(a) If veteran, name war _____ | | | |
| 3. (a) FULL NAME <u>Harry Schaum</u> | | | | 3. (b) Social Security Number <u>215-03-1809</u> | | | |
| 4. Sex <u>Male</u> | | 5. Color or race <u>White</u> | | 6. (a) Single, married, widowed, or divorced <u>Widower</u> | | | |
| 6. (b) Name of husband or wife _____ | | | | | | | |
| 7. Birth date of deceased (mo., day, yr.) <u>January 1, 1899</u> | | | | | | | |
| 8. AGE: Years <u>47</u> | | Months <u>4</u> | | Days <u>19</u> | | It less than one day _____ hrs. _____ min. | |
| 9. Birthplace <u>Pennsylvania</u> (Town, county, and state) | | | | | | | |
| 10. Usual occupation <u>Race track man</u> | | | | | | | |
| 11. Industry or business _____ | | | | | | | |
| FATHER | | 12. Name <u>George Schaum</u> | | | | | |
| MOTHER | | 13. Birthplace <u>Pennsylvania</u> | | | | | |
| | | 14. Maiden name <u>Mary M. Mallone</u> | | | | | |
| | | 15. Birthplace <u>Pennsylvania</u> | | | | | |
| 16. Informant <u>Deceased</u> | | | | | | | |
| Address _____ | | | | | | | |
| 17. (Burial, cremation, or removal, Which?) <u>Burial</u> Date thereof <u>May 23, 1946</u> (month) (day) (year) Cemetery or crematory <u>Bear Ridge Turnover</u> Location _____ | | | | | | | |
| 18. Funeral director <u>M. L. Creager & Son</u> Address <u>Thurmont, Maryland</u> | | | | | | | |
| 19. (Date rec'd by registrar) <u>May 28</u> 19 <u>46</u> Registrar _____ | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | |
| 20. DATE OF DEATH <u>May 20</u> 19 <u>46</u> at <u>4:00 A.M.</u> | | | | | | | |
| 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>January 3</u> 19 <u>46</u> , to <u>May 20</u> 19 <u>46</u> and that I last saw him alive on <u>May 20</u> 19 <u>46</u> . | | | | | | | |
| Immediate cause of death <u>Pulmonary Tuberculosis</u> | | | | | | | |
| DURATION <u>20 Mos.</u> | | | | | | | |
| Due to _____ | | | | | | | |
| Due to _____ | | | | | | | |
| Other conditions _____ | | | | | | | |
| (Include pregnancy within 3 months of death) | | | | | | | |
| Major findings of operations _____ | | | | | | | |
| Date of op. _____ | | | | | | | |
| Autopsy results _____ | | | | | | | |
| PHYSICIAN: Please underline the cause to which death should be charged statistically. | | | | | | | |
| 22. VIOLENCE: If death was due to external causes, fill in the following: | | | | | | | |
| Accident, suicide, or homicide _____ Date of _____ | | | | | | | |
| Where did injury occur? _____ (City or town) _____ (County) _____ (State) | | | | | | | |
| Injured at home, farm, industry, public place (where?) _____ | | | | | | | |
| Means of injury _____ Injured at work? _____ | | | | | | | |
| 23. SIGNATURE <u>J. B. Lynn</u> | | | | | | | |
| M. D. <u>OK</u> | | | | | | | |
| Address <u>State Sanatorium, Md.</u> Date signed <u>5/20/46</u> | | | | | | | |

14-00000

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

REGISTER

RECEIVED
MAY 21 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (68)

CERTIFICATE OF DEATH

04850

Reg. Dist. No. 134

1. PLACE OF DEATH:

County FrederickCity or town Rural, Emmitsburg, R.D.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural, Emmitsburg, R.D.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Maurice DelbertSheeley

3. (b) Social Security Number

184-09-4494

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Hermie Gladhill Sheeley6. (c) If alive, give age 40 years

7. Birth date of

deceased (mo., day, yr.) Feb. 9, 1900

8. AGE:

Years

46

Months

3

Days

22

If less than one day

.....hrs.min.

9. Birthplace

Adams County, Penna.
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name Oliver Sheeley13. Birthplace Frederick Co., Md.

MOTHER

14. Maiden name Emma Wetzel15. Birthplace Adams County, Penna.

16. Informant

Virginia Slaughter

Address

Emmitsburg, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 3, 1946
(month) (day) (year)Cemetery or crematory Mt. View

Location

Emmitsburg, Md. R.D.

18. Funeral director

S. L. Allison

Address

Emmitsburg, Md.

19.

(Date rec'd by registrar)

19

M. F. Shuff
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1946, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

to _____
and that I last saw him on May 31 1946Immediate cause of death Convulsions & lacerations of face & head
laceration of left side
of brain. Stroke

DURATION

15
min.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results laceration of left side of brain
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 5-31-46
Where did injury occur Near Emmitsburg, Frederick Co., Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Flat RunMeans of injury Fist & Stones Injured at work? no
DR. R. W. BARR23. SIGNATURE R. W. Barr DEPUTY MEDICAL EXAMINERAddress Frederick, Md. M. D. or other
Date signed 6-4-46

RECEIVED

JUN 11 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

04851

CERTIFICATE OF DEATH

Reg. Dist. No. 136

1. PLACE OF DEATH:

County... Frederick
 City or town... Dickerson B.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
 City or town... Dickerson B.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Emma Jane Stevenson

3. (b) Social Security Number

none

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Lemuel Stevenson

7. Birth date of

deceased (mo., day, yr.)

April 9 1863

6. (c) If alive, give age years

8. AGE:

Years

83

Months

0

Days

22

If less than one day

hrs.

min.

9. Birthplace

Dickerson Fred. Co. Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER12. Name
13. Birthplace
14. Maiden name
15. BirthplaceWesley MilberryMarylandRebecca GaitherMaryland

16. Informant

Mr. Bertie Sarah HarrisDickerson, Md.

17. Burial

Burial Date thereof... 5-3-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Bell's Chapel

Location

Dickerson Md. B.F.D.

19. Funeral director

Wm. B. Hilton

Address

Barneville, Md.

19. (Date rec'd by registrar)

5/1/46 G. D. Lindquist
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 1st, 19 46 at 9 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 20th, 19 46 to May 1st, 19 46
 and that I last saw her alive on May 1st, 19 46

Immediate cause of death

Cardiovascular-renal disease

DURATION

since
3/20/46?Due to... Marked arteriosclerosis
with diabetes.

Due to...

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frederick, Md.

M. D. J. J. J.

Date signed 5/1/46

RECEIVED
MAY 4 1946
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

04852

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? since Feb. 26, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 153 West All Saint Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

IDA O. STEWARD

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Robert Steward

7. Birth date of

deceased (mo., day, yr.)

March 6, 1885

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

61220

hrs.

min.

9. Birthplace Nr. Jefferson-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

Lemuel Herbert

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Harriett Leaks

15. Birthplace

Frederick County Maryland

16. Informant

Earl Herbert

Address

Near Jefferson, Maryland

17.

Burial

Date thereof

5/29/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Fairview Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

28 May 19 46

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th, 19 46, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 26 19 46, to May 26 19 46and that I last saw him alive on May 26 19 46

Immediate cause of death

Hypertensive Cordis - vascular disease

DURATION

15 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE Bernard Kuno J. M. D.

M. D. or other

Address Frederick, Maryland Date signed 5-27-46

RECEIVED
MAY 29 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

04853 31
Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 monthsHospital, institution, or street address where death occurred:
226 West South Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Texas County HarrisCity or town Houston
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Cleothilde Cabrere Stone

3. (b) Social Security Number

None4. Sex female 5. Color or race colored 6. (a) Single married, widowed, or divorced widow6. (b) Name of husband or wife Dr. F. F. Stone7. Birth date of deceased (mo., day, yr.) Oct. 11, 1892 6. (c) If alive, give age years8. AGE: Years 53 Months 7 Days 5 If less than one day hrs. min.9. Birthplace New Orleans, La.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown18. Informant Mrs. U. G. Bourne, Jr.,
Address 226 W. South St., Frederick, Md.17. Removal Date thereof 5 / 16 / 46
(Burial, cremation, or removal, whichever) (month) (day) (year)

Cemetery or crematory

Location Houston, Texas18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.19. 16 May 19 46
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 16th., 19 46 at 2.15A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17th 19 46 to May 16th 19 46and that I last saw or alive on May 16th (1 a.m.) 19 46

Immediate cause of death

Due to

Due to

Other conditions Pleurisy

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE M. G. Bourne Jr. M DAddress Frederick, Md. Date signed 5/16/46

RECEIVED

MAY 16 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of approximate age of deceased is shown on

FILM No. 104 MAY 20 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 04854 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? 8 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 139 West All Saints Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Pinkey M. Taylor

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife Lewis W. Taylor

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Don't Know

8. AGE:

90

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Urbana, Maryland

(Town, county, and state)

10. Usual occupation

Housekeeper

11. Industry or business

Don't Know

FATHER

12. Name

Don't Know

13. Birthplace

"

"

MOTHER

14. Maiden name

Don't Know

15. Birthplace

"

"

16. Informant

Clifford Holland

Address

W. All Saints St. Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

May 15-1946

(month) (day) (year)

Cemetery or crematory

Fairview Cemetery

Location

East of Frederick, Md.

18. Funeral director

C.E. Cline and Son

Address

Frederick, Md.

19. Date

14 May 1946
 (Date rec'd by registrar)

1946

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12th. 19 46 at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 19 46 to May 12 19 46 and that I last saw her alive on May 12 19 46

Immediate cause of death

Arterio-sclerotic Cardio-vascular disease (Congestive failure)

DURATION

10 years.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Hanna, M.D.
Frederick, Md.

M. D. or other

Address Frederick, Md. Date signed May 12, 1946

RECEIVED
MAY 15 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-d)

CERTIFICATE OF DEATH

04855

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 months
 Hospital, institution, or street address where death occurred:
201 Upper College Terrace
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Pennsylvania County Westmoreland
 City or town Greensburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 31 West Third St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None ✓

3. (a) FULL NAME

Grace L. Thomas

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife C.N. Thomas
 7. Birth date of deceased (mo., day, yr.) December 14-1877 6.(c) If alive, give age _____ years
 8. AGE: Years 68 Months 5 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Johnstown-Pa.
 (Town, county, and state)
 10. Usual occupation Housekeeper
 11. Industry or business

FATHER 12. Name Silas M. Fry
 13. Birthplace Pa.
 MOTHER 14. Maiden name Elizabeth Fry
 15. Birthplace Pa.

16. Informant Clifford Yinger
 Address 201 Upper College Terrace-Fred'k. Md.

17. Burial (Burial, cremation, or removal-Which?) Date thereof May 23-1946
 (month) (day) (year)
 Cemetery or crematory Greensburg Cemetery
 Location Greensburg-Pa.
 18. Funeral director C.E. Cline and Son
 Address Frederick, Md.

19. 21-May 19 46 Elizabeth J. Heck.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 19 46 at 9:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 19 46 to May 20 19 46
 and that I last saw him alive on May 18 19 46

Immediate cause of death Carcinoma of lung DURATION 1 year

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Arthur M. D. or other
Frederick Md. Address _____ Date signed 5-21-46

RECEIVED

MAY 23 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

04856

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 1 Year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Pearl

(If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

GEORGE WASHINGTON TOBERY

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

WB. (b) Name of husband or wife Mary E. Roberts

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 7, 1858

8. AGE:

Years

87

Months

8

Days

11

If less than one day

_____ hrs. _____ min.

9. Birthplace Nr. Pearl-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name William Tobery13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Esther Peasley15. Birthplace Frederick County Maryland16. Informant Mrs. W. C. MainAddress 59 East Ave., Hagerstown, Md.17. Burial Date thereof 5/20/46

(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryFrederick, MarylandLocation M. R. Etchison and Son18. Funeral director Frederick, MarylandAddress Frederick, Maryland19. Date 20 May 1946
(Date rec'd by registrar)Elizabeth L. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th, 1946 at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1, 1944 to May 18, 1946
and that I last saw him alive on May 18, 1946

Immediate cause of death

Heteris - sclerotic Cardis -
Vascular Disease

DURATION

10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. M. D.

M. D. or other

Address Frederick, Maryland Date signed 5-20-46

RECEIVED

MAY 22 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death.....
 Hospital, institution, or street address where death occurred Emergency Hospital
 How long in hospital or institution 2 3/4 - 5 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Adamstown Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Flint Hill R.T. 2 #1
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Maria Virginia Turner

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widow

B. (b) Name of husband or wife Robert Turner

7. Birth date of deceased (mo., day, yr.) August 16, 1859 6. (c) If alive, give age..... years

8. AGE: Years 86 Months 9 Days 4 If less than one day..... hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Isaac Brown

13. Birthplace Maryland

14. Maiden name Amanda Jones

15. Birthplace Montgomery Co. Maryland

16. Informant Virginia L. L.

Address Emergency Hosp. Frederick, Md.

17. Burial 5/22/46
 (Burial, cremation, or removal, which) Date thereof..... (month) (day) (year)

Cemetery or crematory Hope Hill Cemetery

Location Near Buckeystown, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 21-May 1946 Elizabeth G. Hersh
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946 to May 20 1946 and that I last saw h. aw alive on May 20, 1946

Immediate cause of death Arteriosclerotic Cordis - vascular disease

DURATION 10 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

.....

.....

.....

.....

23. SIGNATURE Bernard Thomas R. M. D. or other

Address Frederick, Md. Date signed May 20, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 23 1946

BUREAU V R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

04858

Reg. Dist. No. 141

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 Years
Hospital, institution, or street address where death occurred:
311 Maple Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 311 Maple Avenue
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME
BERTHA MINNIE ELLEN WATTS

3. (b) Social Security Number
None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife John T. Watts
6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) December 17, 1883

8. AGE: Years 62 Months 4 Days 28 If less than one day
.....hrs.min.

9. Birthplace Keedysville-Washington-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name William Albright
13. Birthplace Scotland

MOTHER 14. Maiden name Mary Young
15. Birthplace Washington County Maryland

16. Informant John T. Watts
Address 311 Maple Ave., Brunswick, Md.

17. Burial 5/19/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Boonsboro Cemetery
Boonsboro, Maryland
Location

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 5-16- 19 46 Eugenia H. Burke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15th, 1946 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 13 1946 to May 15 1946
and that I last saw him alive on May 14 1946

Immediate cause of death Cerebral Hemorrhage DURATION 2 Days

Due to Hypertensive Arteriosclerotic Disease 2 yrs

Other conditions Coronary disease 3 mo

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. L. Price M. D.
M. D. or other
Address Jefferson, Maryland Date signed 5-15-46

MARGIN RESERVED FOR BINDING

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 16 1946
BUREAU

Evidence for the change of
age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04859

CERTIFICATE OF DEATH

Reg. Dist. No. 131

FILM No. I 04 JUN - 6 1946

1. PLACE OF DEATH:

County Fredrick
City Fredrick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Morgue Hospital
How long in hospital or institution? 42 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Fredrick
City or town Brownsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war none

3. (a) FULL NAME

William Whipp

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife Marie Cole

7. Birth date of deceased (mo., day, yr.) Aug 8 - 1892 8. (c) If alive, give age 54 years

8. AGE: Years 54 Months 9 Days 22 If less than one day

9. Birthplace Montgomery Co. Maryland
Town, county, and state

10. Usual occupation Labored - retired

11. Industry or business

12. Name Amos Whipp

13. Birthplace Fredrick County Maryland

14. Maiden name Eliza Webster

15. Birthplace Montgomery Co. Maryland

16. Informant Bernard J. Roman

Address Fredrick Md. Greenview Hwy

17. (Burial, cremation, or removal, which?) Buried Date thereof June 11, 1946
(month) (day) (year)

Cemetery or place of interment M. E. Cemetery

Location Clarksburg Md.

18. Funeral director C. H. Futer & Bros

Address Brownsville Md

19. 31 - May 1946 Elizabeth G. Heck
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1946 at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1946 to May 30 1946
and that I last saw him alive on May 30 1946

Immediate cause of death Rheumatic Cardio-vascular disease with
mitral stenosis

DURATION
10 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE Bernard Roman Jr. M.D.

Address Fredrick Md. Date signed May 31, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 1 1946

BUREAU VS

Evidence for the change of
age of deceased is shown on

Items 5, Color: from Dr. Harp filed 4-19-48 6154
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (27-6)

CERTIFICATE OF DEATH

04860

Reg. Dist. No. 131

FILM No. 104 JUN - 6 1946

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

City or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Florence Virginia Wilkerson

3. (b) Social Security Number

no

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife William T. Wilkerson

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1878

8. AGE: Years 70 Months 5 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Middletown Frederick Co., Md.
(Town, county, and state)

10. Usual occupation house wife

11. Industry or business _____

12. Name Joseph Brunner

13. Birthplace Durkittsville, Md.

14. Maiden name Unknown

15. Birthplace VI

16. Informant Etta Stevensom

Address Washington, D.C.

17. Burial Date thereof 5-31-46
(Burial, cremation, or removal, etc.) (month) (day) (year)

Cemetery or M.E. Cemetery

Location Durkittsville, Md.

18. Funeral director Chadhill Co.

Address Middletown, Md.

19. May 20, 1946 Elizabeth G. Hecks
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1946 at 5:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23, 1946 to May 28, 1946

and that I last saw her alive on May 27, 1946

Immediate cause of death _____

Peritonitis

Due to _____

Due to Ruptured Perforation

Other conditions g. gall bladder

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. Harp Md

Address Middletown M. D. or other _____

Date signed 5-29-46

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 1 1946

BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *32*

CERTIFICATE OF DEATH

Reg. Dist. No. *134*

1. PLACE OF DEATH:

County *Frederick*City or town *Harney Rural*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *90 yrs*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Frederick*City or town *Harney Rural*

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Miss Sarah E. Witherow

3. (b) Social Security Number

none

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *June 6, 1852*

8. (c) If alive, give age..... years

8. AGE: Years *93* Months *11* Days *23* If less than one day
..... hrs. min.9. Birthplace *Md*

(Town, county, and state)

10. Usual occupation *Housework*

11. Industry or business.....

12. Name *Joseph W. Witherow*13. Birthplace *Pa*14. Maiden name *Lydia Ann Ridinger*15. Birthplace *Md*16. Informant *Flem Hoffman*Address *Taneytown R.D.*17. Burial (Burial, cremation, or removal. Which?) Date thereof *June 2, 1946*

(month) (day) (year)

Cemetery or crematory *Harney Lutheran*Location *Harney, Md.*18. Funeral director *C.O. FUSS & SON*Address *Md.*19. *May 31* *46* *M. F. Shuff*
(Date recd by registrar) 19. *46* Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *May 29 46* at *2 P* M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *March 1 46* to *May 29 46*
and that I last saw him alive on *May 29 46*Immediate cause of death *arteriosclerotic cardiovascular disease* DURATION *several years*Due to *Senility*

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury Injured at work?

23. SIGNATURE *W. R. Cade* *M.D.*

M. D. or other

Address *Mount Airy N.C.* Date signed *5-31-46*

RECEIVED
JUN 4 1946
BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

CERTIFICATE OF DEATH

04862

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Fredrick
City or town Rural Ladiesburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18 Mos
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Fredrick
City or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(u) If veteran, name war _____

3. (a) FULL NAME

Harry E. Wright

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

8. (b) Name of husband or wife Mary E. Wright

7. Birth date of deceased (mo., day, yr.) April 15 1870 6. (c) If alive, give age _____ years

8. AGE: Years 76 Months 1 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Middletown Fred Co. Md.
(Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business _____

12. Name Arthur Wright

13. Birthplace Baltimore Md.

14. Maiden name Unknown

15. Birthplace _____

15. Informant Roy Wright

Address Ladiesburg, Md.

17. Burial Date thereof 5-30-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown, Md.

18. Funeral director Chadhill Co.

Address Middletown, Md.

19. May 30 1946
(Date rec'd by registrar)

Registrar L. E. Spawell

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1946 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that I last saw him on May 28 1946

Immediate cause of death Asphyxiation

Due to Hanging

Due to Suicide

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of May 28 46

Where did injury occur? Ladiesburg, Fredrick, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home - barn

Means of injury Hanging by wood Injured at work? No

23. SIGNATURE R. W. Barr Deputy Med

Address Fredrick, Md. M. D. or other _____

Date signed 5-28-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1946
BUREAU OF